| - 1   |  |   |                       |                                       |       | 11   | Abhicanou     | or D   | locket Nun                           | rber           |
|---|--|---|-----------------------|---------------------------------------|-------|--|---------------|--------|--------------------------------------|----------------|
|   | PATENT APPL  | JCATION FEE   | DELEGATION            | N RECC                                | ORD   | 1  |               |        | 743                                  |                |
| 1   |  |   | ective atober 1, 2000 |                                       |       | 1  | 7 11 (        | 0 1    | 1790                                 | <del>/</del> 0 |
| ı   | CLAIMS AS FILED - PART I   |   |                       |                                       |       | ALL  | ENTITY        |        | OTHER                                | THAN           |
|   |  | (Column 1) (Column 2)  R NUMBER FILED NUMBER EXTRA  |                       |                                       |       | PΕ   |               | OR     |                                      | ENTITY         |
| L   | FOR  | NUMBER FILEC  | NUMBER                | EXIRA                                 | 1     | ΤE   | FEE           | }      | RATE                                 | FEE            |
| В   | ASIC FEE   |   |                       |                                       |       |  | 1385          | S OR   |                                      | :770           |
| Ţ   | OTAL CLAIMS  | 24 minu   | us 20= •              |                                       | Xs    | 9÷ -   |               | OR     | X\$18=                               |                |
| IN  | DEPENDENT CLAIMS   | ( min   | us 3 = •              |                                       | χη    | 13   |               | OR     | >96=                                 | <u> </u>       |
| М   | ULTIPLE DEPENDENT  | CLAIM PRESENT   |                       |                                       |       | 15   | 1             |        |                                      | <b></b>        |
|   | If the difference in column 1 is less than zero, enter "0" in column 2 |   |                       |                                       |       |  | 1             | OR     | 290=                                 |                |
| [ ]   |  |   |                       |                                       |       | TAL  | L             | OB     | TOTAL                                | 270            |
|   | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)          |   |                       |                                       | SM    | WL.  | ENTITY        | OR     | OTHER<br>SMALL                       |                |
| A   |  | CALLA<br>CALLA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLALA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA<br>CALLA | HIGHEST<br>MUMBER     | PRESENT                               |       |  | ADDI-         |        |                                      | ADDI-          |
|   | A A  | FTER<br>VOMENT  | PREVIOUSLY PAID FOR   | EXTRA                                 | PA    | TE   | TIONAL        |        | RATE                                 | TIONAL<br>FEE  |
| ENDMENT   | Total •  | 15 Minus  | - 24                  |                                       | X\$   | 9=   |               | OR     | X\$18=                               | 1 (2, (2,      |
| AME   | Independent . C  | Minus   | 10                    | -2-                                   | X4    | <br>}= ·                                     |               |        | xg6 =                                | 100            |
| L   | FIRST PRESENTATIO  | ON OF MULTIPLE C  | EPENDENT CLAIM        |                                       |       | <u>)                                    </u> | }             | OR     |                                      | 110            |
| 1   |  | •   | -                     |                                       | 114   |  |               | OR     | :290                                 |                |
| 1   |  | 4 (.)   |                       |                                       | TIODA | )TAL<br>FEE                                  | L             | OR,    | TOTAL<br>ADDIT, FEE                  | 172            |
| L   | (Column 1) (Column 2) (Column 3)                                       |   |                       |                                       |       |  |               |        |                                      |                |
| m   |  | AIMS DOMESTIC   | HIGHEST<br>NUMBER     | PRESENT<br>EXTRA                      |       |  | ADDI-         |        |                                      | ADDI-          |
| AMENDMENT   |  | TER<br>IDMENT   | PREVIOUSLY PAID FOR   |                                       | RAT   | E  | TIONAL<br>FEE | -[     | RATE                                 | TIONAL         |
|   | Total •  | → Minc:   | - 24                  | . /                                   | XS    | )=<br>-                                      | FEE           | 00     | X\$18=                               | FEE            |
| MA  | Independent .  | Minus   | ZOX                   | • /                                   |       |  | ·             | OR     |                                      |                |
|   | FIRST PRESENTATION   | N OF MULTIPLE D   | EPENDENT CLAIM        | · · · · · · · · · · · · · · · · · · · | ×4    | 9  |               | OR     | ×86                                  |                |
| l   |  | سنت   | 12                    | 10 %                                  | +4    | 5-   |               | OR     | 290                                  |                |
|   | 101110   |   |                       |                                       |       | EE   |               | OR     | TOTAL<br>ADDIT. FEE                  |                |
| (Column 1) (Column 2) (Column 3)  |  |   |                       |                                       |       |  |               |        |                                      |                |
| O   | CU   | AIMS<br>AINING  | HIGHEST<br>NUMBER     | PRESENT                               |       | 7  | ADDI-         |        |                                      | ADDI-          |
| 놁   | AF   | TER<br>DMENT  | PREVIOUSLY PAID FOR   | EXTRA                                 | RAT   | E  | TIONAL        |        | RATE                                 | TIONAL         |
| AMENDMENT   | Total .  | Minus   | - 7U                  | -                                     | XS    |  | FEE           |        | X\$18=                               |                |
| MEN   | Independent .  | X Minus   | - 8                   | -                                     |       |  |               | OR     |                                      |                |
| 4   | FIRST PRESENTATIO  | N OF MULTIPLE D   | EPENDENT CLAIM        | <u> </u>                              | ХЧ    | 3  |               | OR     | 36                                   |                |
|   |  |   |                       | ·-·                                   | +14   | 5  | I             | OR     | +290                                 |                |
| " If the entry in column 1 is fess than the entry in column 2, write "o" in column 3.  "If the "Righest Number Previously Paid For" IN THIS SPACE is less than 80, enter 20."  ADDIT FEFT |  |   |                       |                                       |       |  | <del></del> - | I      | TOTAL                                |                |
| The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADOIT, FEE   |  |   |                       |                                       |       |  |               |        |                                      |                |
| _   |  |   | ~                     |                                       |       | - <del>- cbb</del>                           | - charge 000  | an cot | ALLIN 1"                             |                |
| FOOL  | irto-en  |   |                       |                                       |       | -  |               |        | Name and Address of the Owner, where |                |

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